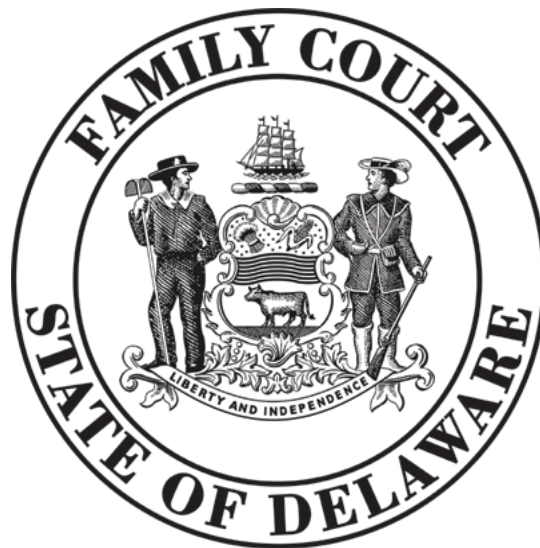


ADOPTION



FORMS

ADOPTION FORMS

**ONLY FILE THE FORMS IN THIS FORMS PACKET.
DO NOT FILE THE FORMS IN THE INSTRUCTION PACKET.**

You must file the following forms:

- Petition for Adoption
- Custody Separate Statement
- Information Sheet
- Affidavit of Expenses
- Adoption Order of Reference
- Final Order of Adoption

Only file these forms if they apply to your situation.

Please see the instruction packet for more information:

- Affidavit of Consent of Natural Parent
- Affidavit of Consent of Child Over 14 Years of Age
- Motion
- Affidavit of Non-Military Service

These forms are also located at the Self-Help Centers and on the Family Court webpage <http://www.courts.state.de/family>.

The Family Court of the State of Delaware

In and For ☐ New Castle ☐ Kent ☐ Sussex County

PETITION FOR ADOPTION

In the Matter of: _____

Petitioner

Name	Name	File Number
Street Address	Street Address	
Apt. or P.O. Box Number	Apt. or P.O. Box Number	
City State Zip Code	City State Zip Code	
Home Phone Work Phone	Home Phone Work Phone	
Relationship to Child(ren)	Relationship to Child(ren)	
Attorney Name and Phone Number (if any)	Attorney Name and Phone Number (if any)	
Street Address	Street Address	
Apt. or P.O. Box Number	Apt. or P.O. Box Number	
City State Zip Code	City State Zip Code	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single	

IN THE INTEREST OF THE FOLLOWING CHILD(REN): (Complete the table below for each child which petitioner seeks to adopt. Attach additional sheets if necessary.)

Child's Name	Petitioner's Relationship to Child	Child's Date of Birth	Child's Place of Birth (City, State)	Child's Gender (Check One)
				<input type="checkbox"/> Male <input type="checkbox"/> Female
				<input type="checkbox"/> Male <input type="checkbox"/> Female
				<input type="checkbox"/> Male <input type="checkbox"/> Female

1. Name of the person, persons, or organization legally qualified to consent to the adoption:

Person or Organization	Address	Date of Child's Placement in Adoptive Home OR...	If Child is Being Adopted by Stepparent; Date of Marriage between stepparent and natural parent

2. The child(ren) will assume the following name(s) upon adoption:

3. Is child being brought into this State from another state or country for adoption in this state? ☐ Yes ☐ No
☐ If YES, I have attached proof of compliance with the Interstate Compact for the Placement of Children in the form of written approval from the Delaware Division of Services for Children, Youth and Family Services.

4. I have attached the **birth certificate** of the child, not the certificate of live birth.

5. I have attached the mandatory **Affidavit of Expenses**.

6. Is the child being adopted 14 years of age or over? ☐ Yes ☐ No
☐ If YES, I have attached an **Affidavit of Consent of Child 14 years of Age or Older**.

7. Has the person(s) legally qualified to consent to the adoption consented to this Petition for Adoption?
☐ If YES, I have attached either or both of the following:
☐ **Affidavit of Consent of Natural Parent whose Spouse is Petitioning for Adoption**
☐ **Consent to Termination and Transfer of Parental Rights**

WHEREFORE, Petitioner(s) seeks to adopt the above-named minor child(ren).

Petitioner/Petitioner's Attorney

Petitioner 2, *if any*

Date

Date

Sworn to and subscribed before me this
_____ day of _____

Sworn to and subscribed before me this
_____ day of _____

Notary Public or Clerk of Court

Notary Public or Clerk of Court

AFFIDAVIT OF TRUTH

I, _____, state the information in this Petition for Adoption is true and correct to the best of my knowledge.

Affiant

Sworn to subscribed before me this _____ day of _____, _____

Notary Public

The Family Court of the State of Delaware

In and For ☐ New Castle ☐ Kent ☐ Sussex County

CUSTODY SEPARATE STATEMENT IN COMPLIANCE WITH TITLE 13, SECTION 1928 OF THE DELAWARE CODE

Petitioner	Respondent	File No.:
------------	------------	-----------

1. What type of petition are you filing? _____

2. Who is the child(ren) named in your petition? (Please provide full name and date of birth)

_____	_____
_____	_____
_____	_____
_____	_____

3. Have all the children listed above continually resided with one another? ☐ Yes ☐ No
If you answered "No," the children have not continually resided with one another, please complete a Custody Separate Statement for each child.

4. Where is the child(ren) living as of today's date?

Street Address	City	State	Zip Code
Name of person(s) child(ren) is living with		Relationship to child(ren)	

5. During the past five years, where have the child(ren) lived? *List addresses from the most recent to the oldest beginning with the address where the child(ren) currently lives. If the child(ren) is under the age of five years old end with the first address where the child lived.*

Address where child(ren) currently resides	City	State	Zip Code
Date child(ren) lived there	Name of person(s) child(ren) is living with	Relationship to child(ren)	
Person's current address	City	State	Zip Code

Address where the child(ren) lived before that.	City	State	Zip Code
Date child(ren) lived there	Name of person(s) child(ren) is living with	Relationship to child(ren)	
Person's current address	City	State	Zip Code

Address where the child(ren) lived before that.	City	State	Zip Code
Date child(ren) lived there	Name of person(s) child(ren) is living with	Relationship to child(ren)	
Person's current address	City	State	Zip Code

Address where the child(ren) lived before that.		City	State	Zip Code
Date child(ren) lived there	Name of person(s) child(ren) is living with		Relationship to child(ren)	
Person's current address		City	State	Zip Code

6. Check **ONE** and complete as directed.

- ☐ I have not been involved in any other court action for custody and/or visitation of this child(ren).
☐ I have been involved in another court action for custody and/or visitation of this child(ren). *If you check this box, complete the information below. Attach additional sheets if necessary.*

TYPE OF ACTION (custody, visitation or modification)	PERSON who filed action	STATE action was filed in	COURT where the action was filed
DATE action was filed	CASE NUMBER	RESULT of action	DATE OF ORDER

TYPE OF ACTION (custody, visitation or modification)	PERSON who filed action	STATE action was filed in	COURT where the action was filed
DATE action was filed	CASE NUMBER	RESULT of action	DATE OF ORDER

7. Check **ONE** and complete as directed.

- ☐ I do not know of any other court action such as, Protection From Abuse, Termination of Parental Rights, Guardianship, Adoption or Paternity involving myself, the other party or the child(ren) that could affect this petition.
☐ I, the other party or the child(ren) have been and/or are currently involved in another court action such as, Protection From Abuse, Termination of Parental Rights, Guardianship or Adoption, that could affect this petition. *If you check this box, complete the information below. Attach additional sheets if necessary.*

TYPE OF ACTION (PFA, TPR, Guardianship, Adoption)	PERSON who filed action	STATE action was filed in	COURT where the action was filed
DATE action was filed	CASE NUMBER		

TYPE OF ACTION (PFA, TPR, Guardianship, Adoption)	PERSON who filed action	STATE action was filed in	COURT where the action was filed
DATE action was filed	CASE NUMBER		

8. Check **ONE** and complete as directed.

- ☐ No one other than the parties have physical custody, legal custody or visitation rights with the child(ren).
- ☐ A person(s) other than the parties have physical custody, legal custody or visitation rights with the child(ren). *If you check this box, complete the information below. Attach additional sheets if necessary.*

--	--

Name of person(s) child(ren) is living with

Relationship to child(ren)

--	--	--	--

Address of person(s) where child(ren) reside

City

State

Zip Code

--	--

Name of person(s) child(ren) is living with

Relationship to child(ren)

--	--	--	--

Address of person(s) where child(ren) reside

City

State

Zip Code

SWORN TO AND SUBSCRIBED
before me this date,

Petitioner

Notary Public

The Family Court of the State of Delaware

INFORMATION SHEET - PLEASE PRINT

Date: _____ File No.: _____

Please fill in A to K pertaining to you the Applicant (Petitioner).

A. Name: _____

B. Address: _____

C. Phone – Home: _____ Work: _____ Cell: _____

D. Employer & Address: _____

Hours/Shift _____

E. Social Security No.: _____ F. Date of Birth: _____

G. Sex: _____ Race: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Marks/Scars/Tattoos: _____

H. Type of motor vehicle operated by you: _____

I. Driver's License No.: _____ State of Issue: _____

J. Your relationship to the Defendant/Respondent: _____

K. Attorney: _____

If you are filing for Custody, Visitation, Support or Petition for Protection from Abuse please fill out the information needed below in reference to the child(ren) who are involved..

Children (Custody/Visitation/Support/Petition for Protection from Abuse)

Name	Relationship	Sex	Date of Birth

Please fill in L to X pertaining to the Defendant/Respondent..(For additional respondents use additional sheets)

L. Defendant/Respondent is a: (Check One) ☐ ADULT ☐ JUVENILE

M. Name: _____

N. Address: _____

O. Phone – Home: _____ Work: _____ Cell: _____

P. Employer & Address: _____

Hours/Shift _____

Q. Social Security No.: _____ R. Date of Birth: _____

S. Sex: _____ Race: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Marks/Scars/Tattoos: _____

T. Driver's License No.: _____ U. Type vehicle operated by
Defendant/Respondent: _____

V. Parent's Name (if a juvenile): _____

W. Time when Respondent is usually home: _____

X. Any additional information about Respondent that may aid the process server in locating him/her to serve this petition:

DIRECTIONS TO RESPONDENT'S RESIDENCE

The Family Court of the State of Delaware

In and For ☐ New Castle ☐ Kent ☐ Sussex County

In the Matter of:

(D.O.B)

☐ Male

☐ Female

File No.: _____

FINAL ORDER OF ADOPTION

And now, this _____ day of _____ 2008, it appearing that
_____ has petitioned the Court to be allowed to
adopt as his/her/their own child, _____
born on _____.

The records indicate that all statutory requirements have been met;

An investigation has been conducted pursuant to an Order of Reference signed by this Judge.

The Court is satisfied as to the fitness of Petitioner(s) to maintain, care for and educate the child(ren) and child's or children's best interest will be promoted by the proposed Adoption.

It is ordered that _____
shall be the child(ren) of _____ for all legal
Intentions and purposes, and the child or children shall henceforth be known as _____.

Judge

The Family Court of the State of Delaware

In and For ☐ New Castle ☐ Kent ☐ Sussex County

In the Matter of:

(D.O.B)

)
)
)
)
)
)
)
)
)

File No.:

AFFIDAVIT OF CONSENT OF NATURAL PARENT WHOSE SPOUSE IS PETITIONING FOR ADOPTION

I, _____, hereby give my consent for _____
to adopt my child _____.

Date

Consenting Party

Sworn to subscribed before me this _____ day of _____, _____

Clerk of Court/Notary Public

(D.O.B)

I, _____, hereby give my consent for _____
to adopt me. I am 14 years of age or older.

Date _____

Consenting Party

Sworn to subscribed before me this _____ day of _____, _____

Clerk of Court/Notary Public

IMPORTANT INFORMATION REGARDING THE FILING OF A MOTION

Presenting a motion before the Court requires the completion and filing of three separate documents.

The Generic Motion document (Form 191) must be filed along with the Notice of Motion (Form 192) and Form of Order (Form 193) documents.

The Family Court of the State of Delaware

In and For ☐ New Castle ☐ Kent ☐ Sussex County

MOTION FOR _____

Petitioner

Name
Street Address
Apt. or P.O. Box Number
City State Zip Code
Social Security Number Date of Birth
Attorney Name and Phone Number

Respondent

Name
Street Address
Apt. or P.O. Box Number
City State Zip Code
Social Security Number Date of Birth
Attorney Name and Phone Number

File Number

Petition Number

A PROCEEDING involving _____ having been filed heretofore in this Court,
Movant hereby moves the Court for _____ and, in
support thereof, alleges the following facts:

SWORN TO AND SUBSCRIBED
before me this date,

Movant/Attorney

Notary Public/Clerk of Court

I, the Movant, affirm that a true and correct copy of this Motion was placed in the U.S. Mail on this date
_____, and sent to the other party or attorney at the address listed on the petition, being
_____, first class postage
pre-paid.

SWORN TO AND SUBSCRIBED
before me this date,

Movant/Attorney

Notary Public/Clerk of Court

The Family Court of the State of Delaware

In and For ☐ New Castle ☐ Kent ☐ Sussex County

_____ ,)	
Petitioner)	File No.: _____
v.)	
)	Petition No.: _____
_____ ,)	
Respondent)	
)	
)	

NOTICE OF MOTION

TO:

PLEASE TAKE NOTICE that the attached Motion for _____ is herewith presented to the Court for consideration. If you are opposed to this motion, you must file a written response with the Court within ten (10) days of the service of this motion. If no response is timely filed, the motion may be decided without further opportunity for you to be heard on the matter. Family Court Rules, Rule 7(b)(2).

Dated:

_____ Movant/Attorney		
Name and address of Movant/Attorney		
Street Address		
Apt. or P.O. Box Number		
City	State	Zip Code

The Family Court of the State of Delaware

In and For ☐ New Castle ☐ Kent ☐ Sussex County

_____ ,)	
Petitioner)	
)	File No.: _____
v.)	
)	Petition No.: _____
_____ ,)	
Respondent)	
)	
)	
)	

ORDER

Having considered the request of the movant, _____,

IT IS SO ORDERED, this date: _____

That

Judge/Commissioner

cc:

The Family Court of the State of Delaware

In and For ☐ New Castle ☐ Kent ☐ Sussex County

Petitioner			Respondent				
Name			Name			File Number	
Street Address			Street Address				
Apt. or P.O. Box Number			Apt. or P.O. Box Number			Petition Number	
City	State	Zip Code	City	State	Zip Code		
Date of Birth			Date of Birth				
Attorney Name and Phone Number			Attorney Name and Phone Number				

AFFIDAVIT OF NON-MILITARY SERVICE

STATE OF DELAWARE

)

)

ss.

COUNTY

)

BE IT REMEMBERED, that on this date, _____, personally appeared before me, a Notary Public for the State of Delaware in the County declared above, _____, ("Affiant"), who, being duly sworn by me according to law, did depose and say:

1. That Affiant is the Petitioner in the above captioned civil action;
2. That Respondent is not in the military service of the United States of America; and
3. That Affiant has made this Affidavit pursuant to the provisions of § 521 of the Servicemember's Civil Relief Act (50 USCS App. § 501et. seq.)

Petitioner

SWORN TO AND SUBSCRIBED before me this date, _____

Notary Public or Clerk of Court